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PATENT APPLICATION FEE DETERMINATION REC							EC	ORD	D Application or Docket Number			
Effective December 8, 2004									101	15410	10	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL EN	ITITY	OF		R THAN ENTITY
U.S. NATIONAL STAGE FEES (COMMIT 2)					7	RATE	FEE	7	RATE	FEE		
BÁSIC FEE SMALL ENT. = \$ 150 LARGE ENT. = \$ 300				1	BAŞIC FEE	 	OF	BASIC FEE	12.71			
EXAMINATION FEE			Satisfies PCT		4	other situations = \$ 100 / \$ 200		EXAM. FEE	 	1	EXAM. FEE	100
SEARCH FEE			U.S. IS ISA = ALL other of	\$ 50 / \$ 100 countries =	Alic	other skiuations = \$ 250 / \$ 500		SEARCH FEE	†	1	SEARCH FEE	700
FEE FOR EXTRA SPEC. PGS. minus 100 = /50 =					X \$ 125 =	7	1	X \$ 250 =	1			
TOTAL CHARGEABLE CLAIMS / / minus 20 = .					X \$ 25 =		OR	X \$ 50 =	 			
INDEPENDENT CLAIMS / minus 3 = .						X \$ 100 =		OR	X \$ 200 =			
MULTIPLE DEPENDENT CLAIM PRESENT						+ \$ 180 =		OR	+ \$ 360 =	-()		
* If the difference in column 1 is less than zero, enter "0" in column 2					•	TOTAL		OR	TOTAL	90		
Ø	1-280	CLAIMS AS (Cotumn 1)	AMENDE	O - PART (Colum	nn 2)	(Column 3)		SMALL (OR	OTHER SMALL I	ENTITY
۲		REMAINING AFTER AMENDMENT		NUME PREVIO PAID I	BER WSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADÓI- TIÓNAL FEE
AMENDMENT A	Total	14	Minus	-20	2	<i>- 02</i>		X \$ 25 =	·	OR	X \$ 50 =/	
AME	Independent	• /_	Minus	13	,	=()		X \$ 100 =		OR	X \$ 200 =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						Ļ	+ \$ 180 =		OR	+ \$ 360 =		
							1	FEE		OR	FEE	
		(Column 1)		(Colum	ın 2)	(Column 3)	_			/	/	
18		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE .	ADDI- TIONAL FEE
	Total	•	Minus	••		=	ſ	X \$ 25 =		OR	X \$ 50 =	
AMENDMENT 8	Independent	•.	Minus	***		= -		X \$ 100 =		OR	X \$ 200 =	
Ì	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				+ \$ 180 =		OR	+ \$ 360 =				
							ī	OTAL ADOIT. FEE		OR	TOTAL ADDIT. FEE	
						•						ŀ
•	.		,	m araba m mba		•						
••	If the "Highest Nu	mn 1 is less than the mber Previously Pai	FOR IN THIS S	PACE is less	than '20	r, enter "20".						
		mber Previously Pali ther Previously Paid					n the	appropriate box	in column 1.			ı

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